Substitute per letter dated 8/26/93 "

Revision: HCFA-PM-92-2 (MB)
MARCH 1992

State/Territory: Missouri

Citation 1927(g)		4.26 Drug Utilization Review Program The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.
1927(g)(1)(A)	X	The DUR program assures that prescriptions for outpatient drugs are: --Appropriate --Medically necessary --~~Are~~ not likely to result in adverse medical results
	X	The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacist, and patients or associated with specific drugs, as well as: --Potential and actual adverse drug reactions --Therapeutic appropriateness --Overutilization and underutilization --Appropriate use of generic products* --Therapeutic duplication --Drug disease contraindications --Drug interactions --Incorrect drug dosage or duration --Drug allergy interactions --Clinical abuse/misuse
1927(g)(1)(B)	X	The DUR program shall assess data against predetermined standards consistent with: --The peer reviewed medical literature --Three compendia specified by the statute
1927(g)(1)(D)	X	DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. DUR is required for drugs dispensed to residents of nursing facilities which are not in compliance with 42 CFR 483.60.
1927(g)(2)(A)	X	The DUR program includes prospective review of drug therapy at the point of sale before each prescription is filled or delivered to the Medicaid recipient.

* This is accomplished through a drug prior authorization process to allow trade name override when medically necessary.

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Citation		
1927(g)(2)(A)(i)	X	Prospective DUR includes screening for potential drug therapy problems due to: --Therapeutic duplication --Drug disease contraindications --Drug interactions --Incorrect dosage or duration --Drug allergy interactions * --Clinical abuse/misuse
1927(g)(2)(A)(ii)	X	Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
1927(g)(2)(B)	X	The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify: --Patterns of fraud and abuse --Gross overuse --Inappropriate or medically unnecessary care
1927(g)(2)(C)	X	The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: --Therapeutic appropriateness --Overutilization and underutilization --Appropriate use of generic products --Therapeutic duplication --Drug disease contraindications --Drug interactions --Incorrect dosage/duration --Clinical abuse/misuse
1927(g)(2)(D)	X	The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g)(3)(A)	X	The DUR program has established a State DUR Board either: X Directly ___ Contract with a private organization

* This is done by the pharmacy provider through profiling onsite not by the point-of-sale computer system.

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Citation

1927(g)(3)(B) ✓ The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacist and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in:

--Clinically appropriate prescribing and dispensing of covered outpatient drugs.
--Monitoring of covered outpatient drugs.
--Drug use review, evaluation and intervention.
--Medical quality assurance.

1927(g)(3)(C) ✓ The activities of the DUR Board include:

--Retrospective DUR
--Application of Standards
--Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR
--Interventions include in appropriate instances:
  -Information dissemination
  -Written, oral, and electronic reminders
  -Face to Face discussions
  -Intensified monitoring/review of providers/dispensers

1927(g)(3)(D) ✓ An annual report is submitted to the Secretary, including a report from its DUR Board, on the DUR program.